

Quantity Purchase Agreement With The State Of Indiana

Vendor: MAXIM HEALTHCARE SERVICES
Remit to: 6505 EAST 82ND STREET
SUITE 120
INDIANAPOLIS IN 46250

Name and Address of Vendor: MAXIM HEALTHCARE SERVICES
Cnctd: JEREMY MARKEWICZ
6505 EAST 82ND STREET
SUITE 120
INDIANAPOLIS IN 46250

Qty Purchase Agreement QPA Number	Page
0000000000000000000000009653	1 of 1
Requisition Nbr.: ASA4-4-64	
Effective Date: 05/15/2004	
Expiration Date: 05/14/2005	
Agency Number:	
Facility:	ALL STATE AGENCIES
Vendor Federal ID: 521590951	
Vendor Telephone Nbr: 317-849-8440	
Name Of Contact Pers: JEREMY MARKEWICZ	
FAX Number: 317-849-6040	

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement. The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. **Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.**

Line Number	Quantity	UNIT	Article and Description	Unit Price
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This is an award of a Quantity Purchase Agreement for NURSING SERVICES.

QPA can be mutually renewed yearly for three additional years.



The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

For contract pricing and instructions access www.in.gov/idoa/proc and the following:

1. Click on Quantity Purchase Agreements
2. Click on All QPAs

1	0.00 HUR000000000100009796 Nursing Services/Maxim Healthcare	0.0000
	<p>The following UN/CEFACT Unit of Measure Common Codes are used in this document:</p> <p>HUR Hour</p>	

The following UN/CEFACT Unit of Measure
Common Codes are used in this document:
HUR Hour

Signature of Purchasing Officer 	Typed Name CAROLYN AWISHES	Signature Of Approval Office Of the State Attorney General SUSAN W. GARD FOR
Authorized Signature 	Date Signed April 21, 2004	Typed Name STEVE CARTER
Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3053		Date Signed 4-28-03

Pricing for Crawfordsville, Fort Wayne, Greenfield, Seymour, LaPorte and Vincennes Districts

Position	1 st Shift rate per hour	2 nd Shift rate per hour	3 rd Shift rate per hour	Overtime rate per hour	Holiday rate per hour
Dental Assistant	\$20.00	\$21.00	\$23.00	\$30.00	\$30.00
Radiologic Technician	\$43.00	\$44.00	\$46.00	\$65.00	\$65.00
Behavioral Clinician	\$31.00	\$32.00	\$34.00	\$46.00	\$46.00
LPN	\$31.75	\$32.75	\$33.75	\$46.75	\$46.75
RN	\$40.75	\$41.75	\$42.75	\$60.75	\$60.75
Nurse Practitioner	\$60.00	\$61.00	\$63.00	\$90.00	\$90.00
Charge Nurse	\$43.75	\$44.75	\$45.75	\$63.75	\$63.75

All Inclusive Pricing – NONE OFFERED